

Results.— Publication rate was quite similar (21.2% for SOFMER and 21.7% for ESPRM congress). For the SOFMER congress, the median IF was lower (1.31 vs 1.83), the range of publication journals was narrower and more than a third of studies were published in the Annals of PRM. Original studies submitted by university teams and presented as oral communications were more likely to be published. Moreover, studies submitted by French teams for the SOFMER congress and European teams for ESPRM congress were more published. The majority of unpublished abstracts has never been submitted to scientific journals (73%), mainly due to a lack of time and because studies were incomplete.

Conclusion.— The publication rate of both congresses is low comparing to other national and international conferences in other medical fields. Considering scientific enhanced value, the SOFMER congress is disadvantaged because its official scientific journal has no IF. The origin of the team that submits the abstract and its type are predictive of a subsequent publication. Finally, a lot of works are never submitted for publication.

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Survey on associational activities of PRM specialists



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Keywords: Survey; Associational activity; Physical and rehabilitation medicine
Introduction.— PRM specialists are involved in many professional associations whether they are about PRM or about other specialties because PRM is a transversal discipline.

Objective.— To perform a map about relationship between PRM specialists and other specialties through associational activities.

Material and method.— Development of a questionnaire about associational life of PRM specialists, broadcasting on SOFMER website and on the mail-list of the main french PRM associations (AJMER, ANMSR, FEDMER, SOFMER, SYFMER, COFEMER, association of IDF-PRM) and collection by email of the completed questionnaire.

Results.— One hundred and twenty-eight physicians answered the questionnaire on a four months period.

About 60.9% are working in a public hospital (46.1% in a university hospital, and 14.8% in a non-university hospital), 22.6% are working in ESPIC or in private hospital, and 12.5% have a mixed activity: public and private practice. About 73.4% belong at least to one scientific society, 69.5% to an association, and 50.8% belong at least to a professional union; 40% belong at least to each of them; 11% belong to none of them. The most represented scientific societies are: SOFMER (64.6%) which includes european and international PRM societies' membership, SIFUD (9.4%), SFNV (8.6%), SOFPEL (8.5%) and 15 other scientific societies (24.2%).

The most represented associations are: ANMSR (14.1%), France TC (10.2%), GAIF (8.6%), ALIS (8.6%), and about 50 local associations (38.3%).

The most represented union is: SYFMER (50.8%).

Discussion-Conclusion.— This is the first survey about associational activity of PRM specialists in France. There is a high associational participation.

Addition to societies and associations of PRM, respondents have links with societies in the area of urodynamics, neurology (Neuro-vascular, traumatic brain injury, aphasia, balances...). However, only 7% of French PRM specialists answered the survey.

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Evaluation of the Perception of Quality of Rehabilitation Services by persons receiving a rehabilitation program following an acquired brain injury



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Keywords: Acquired brain injury; Perception of quality of rehabilitation services

Background.— Cognitive and behavioural difficulties following acquired brain injury (ABI) may lead to severe limitations in activities and restrictions in participation. A specific ABI, holistic and multidisciplinary rehabilitation program was developed at the Salpêtrière hospital (Paris, France). Over a 7-week period, the program aims to improve participants' participation by combining individual rehabilitation and environmental scenarios such as shopping, meal preparation, transportation etc. Participants' perception about the program has never been investigated.

Objective.— To measure the perceived quality of the rehabilitation program.

Method.— A measure post program was administered by an independent evaluator with a valid and reliable questionnaire: the Perception of Quality of Rehabilitation Services, Montreal (PQRS-Mtl) (Swaine et al., 2003). Four dimensions of care were assessed: ecological approach, client-centred approach, quality of the service providers and continuity. Scoring is based on a 5-point scale ranging from "strongly disagree" to "strongly agree".

Results.— Thirty-four persons with acquired brain injury participated (mean age: 41 years, SD = 15). In general, participants reported the program is of high quality. 83% of participants felt the team is competent (mean score = 4.3/5), the program provides a continuum of care (74%, 4.0/5), uses a client-centered approach (72%, 3.9/5) and one which is ecological (64%, 3.6/5). Specifically, participants reported the treatment team: helped them better carry out their activities (4.0/5), provided strategies to deal with memory problems (4.4/5). However, participants noted the program does not organize meeting or facilitate contact with other families (1.6/5.0) and the impact of the brain damage on sexuality is not considered (2.0/5.0).
Conclusion.— The overall perception of participants toward the program is very good. However, in the context of quality improvement efforts, the treatment team may want to examine aspects of their program and related to items receiving a score less than 4/5 for 75% of participants.

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Relations between dependence scale of PMSI-SSR and nursing care charge measured by SIIPS



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Keywords: Dependence; Nursing care; Pricing

Objective.— To study the correlation between the dependence scale of PMSI-SSR and nursing care measured by the method of SIIPS.

Method.— Comparative data PMSI-SSR and SIIPS were collected during four years in a SSR specializes in care for diseases of the nervous system and the musculoskeletal system. A correlation analysis was performed between these two groups of variables. A significant sample stays, we have also the functional independence measure (FIM), which was also tested.

Results.— The study population is 3227 stays, with an average age of 52.9 years and a percentage of 34.4% of women. Dependence measured by the average PMSI-SSR is 11.1 for physical dependence, 3.9 for Cognitive dependence. Scores SIIPS means are 11.31 for basic care, care of 6.47 and 7.19 for technical relational care. There is a correlation between these two scores, but with a low sensitivity to change. The sensitivity to change is better for FIM, which is also correlated with previous scales.

Discussion.— The correlations between the three scales studied are consistent with the use of one of them, the scale dependence of PMSI-SSR. This attitude must be qualified in terms of two parameters: the target (SIIPS scores, more specific help refine the load monitoring nursing, FIM, more sensitive, than the current independence rehabilitation) and the type of population supported (the study population is not representative of the diversity of SSR).

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